

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FCPTO-875)

SERIAL NO.

**10 / 519899**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4		1				
5		1				
6		1				
7	1	1				
8		1				
9		1				
10		1				
11		1				
12	1	1				
13		1				
14		1				
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48						
49						
50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	9	↓		↓		↓
TOTAL CLAIMS	10	↓		↓		↓

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓